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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Syrian Arab Republic

Proposed UNFPA assistance:	$10.8 million, $9 million from regular resources and $1.8 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Sixth
Category per decision 2000/19:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	6.5	1.3	7.8
Population and development strategies	1.0	0.25	1.25
Advocacy	1.0	0.25	1.25
Programme coordination and assistance	0.5	-	0.5
Total	9.0	1.8	10.8

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SYRIAN ARAB REPUBLIC

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	77	≥60
Contraceptive prevalence rate (%)[2]	36	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	--	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	44.3	≤65
Infant mortality rate (per 1,000 live births)[5]	33	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	54	≥50
Secondary net enrolment ratio (%)[8]	87	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women (2000)*, based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	16,610	Annual population growth rate (%)	2.55
Population in year 2015 (000)	23,206	Total fertility rate (woman)	3.65
Sex ratio (/100 females)	103	Life expectancy at birth (years)	
Age distribution (%)		Males	70.6
Ages 0-14	40.8	Females	73.1
Youth (15-24)	22.2	Both sexes	71.8
Ages 60+	4.7	GNP per capita (U.S. dollars, 1998)	1,020

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the five-year period 2002-2006 to assist the Government of the Syrian Arab Republic in achieving its population and development goals. UNFPA proposes to provide assistance in the amount of $10.8 million, of which $9 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $1.8 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to the Syrian Arab Republic, which is classified as a "Category B" country under the Fund's resource allocation system.

2. The proposed programme was developed in consultation with the Government, United Nations agencies and multilateral and bilateral donors, taking into consideration the national health strategy for the year 2000 and beyond. It is based on the policies, priorities and strategies of the new Government. In addition, it takes into account the findings and recommendations of the Country Population Assessment exercise concluded in January 2001, which involved various stakeholders, UNFPA headquarters staff and the UNFPA Country Technical Services Team (CST) in Amman, Jordan. The proposed programme is consistent with the Common Country Assessment (CCA) and with the United Nations Development Assistance Framework (UNDAF) exercise, which is currently under joint preparation with the Government. The Fund has harmonized the programme cycle with those of UNDP and UNICEF, following an extension of one year of the previous programme.

3. The goal of the proposed programme is to help the Government to achieve its development objectives by contributing to: (a) the improvement of the reproductive health status of couples and individuals; (b) a sustained balance between population dynamics and socio-economic development; and (c) the enhancement of gender equality and empowerment of women. These goals will be pursued through three subprogrammes covering reproductive health, population and development strategies, and advocacy.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as with all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. In the year 2000, extensive reforms were introduced in the economic and social sectors of the Syrian Arab Republic. A new President was elected and a new cabinet, which favours close cooperation with United Nations agencies, was appointed. The population, estimated at 16.2 million, is expected to reach 23.2 million in 2015; gross national product per capita was estimated at $1,020 in 1998. The country has made great strides in the areas of population, development and health over the last decades. In 2000, according to national data, life expectancy rose to 70 years, from 67.1 in

1993; infant mortality declined from 34.6 per 1,000 live births in 1993 to 24 per 1,000; and child mortality declined from 41.7 per 1,000 live births in 1993 to 29 per 1,000.

6. Age at first marriage was 25 years for females in 1999, up from 21 in 1973, and the contraceptive prevalence rate among married women increased from 39.6 per cent in 1993 to 45.3 per cent in 1999. The wide gap between knowledge of modern methods (93 per cent) and use (31 per cent), however, highlights the challenge not only of making reproductive health services and family planning more accessible and affordable, but also of changing the social norms, behaviours and attitudes that inhibit the use of these services.

7. The maternal mortality ratio was estimated by the Pan-Arab Maternal and Child Survey (PAPCHILD) of 1993 to be 107 per 100,000 live births and by the multi-purpose survey in 1999 to be 71 per 100,000 live births. The upcoming Pan-Arab Family Health Survey (PAPFAM) for 2000-2001 will further assess the maternal mortality ratio.

8. Because of high fertility rates between the early 1970s and late 1980s, the Syrian Arab Republic has a young population, and it is estimated that as many as 382,000 persons will enter the labour market each year during the years 2000-2005. Approximately 420,000 persons per year will also be entering their reproductive age.

9. Health expenditures totaled 2.5 per cent of gross domestic product in 1997, and in 1999 slightly under 1 per cent of the national budget was allocated to the Ministry of Health. Eighty five per cent of health expenditures come from households, highlighting the key role of the private sector in providing services. Approximately 90 per cent of the population is within half an hour of a primary health care centre. However, the overall efficiency and effectiveness of the public health system are constrained by rapid turnover of skilled staff; insufficient coordination between different departments within the Ministry of Health; inadequate managerial skills; low level of qualified nurses and paramedical staff; and poor distribution of human resources.

10. A 1997 UNICEF/Ministry of Health study found that 40.6 per cent of women of reproductive age were anaemic. As a result, the Ministry has taken steps to provide iron supplementation to all pregnant women attending primary health care facilities. Antenatal care is offered in 74 per cent of the Ministry of Health primary health care centres, yet these centres reach only 14 per cent of pregnant women and most women resort to the private sector. The majority of pregnant women have at least one antenatal visit, with an average of 2.5 visits per pregnancy.

11. Around 48.5 per cent of births take place at home, 42 per cent in maternities, and the rest in clinics. Analysis of factors contributing to maternal mortality reveals that over 90 per cent of deaths could be prevented by reducing unwanted pregnancies, improving prenatal and postnatal care and improving referral systems. Deaths are due to delays in transportation, lack of emergency services and severe shortage of blood banks, which are found only in the larger cities.

12. It is estimated that 79 per cent of primary health care centres offer family planning services, but intrauterine device (IUD) insertion and removal take place in only 44 per cent of centres.

However, overall, there is higher use of IUDs, which reflects the strong role of the private sector. The discontinuation rate of modern methods of contraception is 48.1 per cent, with almost two thirds discontinuing for less than one year.

13. By the end of 2000, 217 cases of HIV/AIDS had been registered (24.5 per cent females, 75.5 per cent males) in the Syrian Arab Republic. Following the first case in 1986, the Ministry of Health established a special department for HIV/AIDS and a National Committee for AIDS. WHO has provided support, and UNFPA and UNICEF support training for service providers. Currently, UNFPA is supporting the national AIDS programme in the development of community-based HIV/AIDS education and communication for high-risk youth in slum areas.

14. Primary school enrolment for the year 2000 was estimated at 98.4 per cent for girls and 98.9 per cent for boys. Secondary school enrolment is low and a gender gap is apparent. It was estimated in 2000 that 9.5 per cent of men and 26.1 per cent of women were illiterate. Although citizens of the Syrian Arab Republic have equal rights under the law, the social and economic status of women still lags behind their legal rights. The law considers gender-based violence to be a crime, but recent debates initiated by the leading national women's organization have highlighted the need to address this issue and give it prominence on the Government's agenda.

15. Syrian women continue to make increasing contributions to public life at all levels. In 1999, women candidates were elected to 26 of 250 seats in Parliament (10.4 per cent, compared to 9.6 per cent in 1994); and two women have been appointed minister and one deputy minister. The minimum legal age of marriage is 17 for females and 18 for males, but sociocultural factors still allow for early marriages, although this practice is in decline. The Convention on the Elimination of All Forms of Discrimination against Women has not been ratified.

Previous UNFPA assistance

16. UNFPA assistance to the Syrian Arab Republic began in 1970. The fifth country programme was approved by the Executive Board for the period 1996-2000 in the amount of $18 million, of which $13 million was to be from regular resources and $5 million from co-financing and or/other resources. The country programme was extended by one year in order to harmonize the UNFPA programme with those of UNDP and UNICEF. Due to delays in the approval of the subprogrammes and the shortage of UNFPA regular resources, total expenditure under the fifth cycle amounted to $13.8 million, with $11.3 million from regular resources.

17. The fifth country programme contributed to the enhancement of managerial and technical skills of health-care service providers at both central and provincial levels by: (a) improving quality of care through informed choice and counselling and the greater assurance of privacy, leading to increased acceptability of services; (b) improving interpersonal communication between client and service providers; and (c) training physicians, midwives and traditional birth attendants (TBAs) in various technical skills. The programme helped to integrate comprehensive reproductive health

services into 250 primary health-care centres and to establish 26 referral centres throughout the country.

18. The fifth country programme also contributed to reducing the geographical disparity in the maternal mortality ratio by establishing 20 natural delivery centres in 11 governorates, most of them in rural areas. In addition to delivery services, these centres provide a comprehensive package of reproductive health services, including family planning methods, prenatal and postnatal care and home visits. The level of utilization of these natural delivery centres varies according to the density of population in surrounding areas, and there are differences in the quality of services they provide, since some of them are poorly equipped and/or understaffed. On average, they perform about 469 deliveries a month.

19. UNFPA contributed to the gathering of baseline in reproductive health through its support to operational research. It also assisted in the development of pre-service and in-service training curricula to bring them in line with the holistic approach to reproductive health.

20. The fifth country programme expanded the range of reproductive health services by establishing a national programme for early detection of cervical cancer. Pap smear services were integrated in 332 primary health centres (30 per cent of the total) and service providers were trained. During the fifth cycle, UNFPA support was the only source of contraceptive commodities for the public sector. Attention to gender concerns was consistently mainstreamed in all activities related to reproductive health.

21. Adolescent reproductive health issues were specifically addressed through the activities of the Revolutionary Youth Union, which has a constituency of 1.25 million youth, roughly equally divided between females and males. Youth leaders were given training, and relevant information, education and communication (IEC) materials were developed and disseminated. In addition, the IEC subprogramme helped develop high-quality, culturally sensitive materials, in particular for television spots and radio programmes. Their impact will be assessed during 2001.

22. The population and development strategies subprogramme was considerably delayed due to extensive dialogue on the draft national population policy. Despite these shortcomings, UNFPA has contributed to the establishment of a sound population database through its support to the demographic multipurpose survey (1999), the Country Population Assessment process (2000) and the PAPFAM survey (2001), the results of which will be available in early 2002 and will serve as baseline data for the results-based management approach of the forthcoming cycle.

23. Through consistent policy dialogue, the Fund has played an important and recognized role in raising political commitment to population and reproductive health issues. In view of the pervasive pronatalist values in the country, advocacy plays a fundamental role in fostering a climate conducive to better awareness of the challenges the country is facing in terms of population and development and of the centrality of the reproductive health dimension in social welfare. To assist in these efforts, a well-known actor, appointed as UNFPA Goodwill Ambassador, played an active role in advocating

male involvement and highlighting gender concerns and youth issues among various government institutions and the media. In addition, a UNFPA-supported weekly radio programme on population, gender and reproductive health was created.

24. The previous programme provide many key lessons. Achievements in population dynamics and health indicators in the Syrian Arab Republic have been constrained by the delay in formulation and adoption of the national population policy and its programme of action. Reproductive health policies have not been sufficiently addressed to remove legal constraints to availability and accessibility of reproductive health commodities and to reduce unwanted pregnancies. The programme highlighted the importance of a sustained policy dialogue to raise commitment for the smooth implementation of the ICPD agenda and the needed mobilization of human and financial resources. Developing partnerships among stakeholders, the private sector and non-governmental organizations (NGOs) should be given more prominence. UNFPA should also continue its strategy of national capacity building in human resource management. To ensure acceptability of services, an adequate deployment of service providers with midwifery skills to primary health-care facilities should be undertaken by the Ministry of Health. To increase demand for services in underserved areas, it is crucial to ensure a high level of quality of care through improved monitoring systems and the standardization of practices and systematic application of normative aspects of health care. Cultural constraints shaping attitudes that limit seeking health care must be systematically addressed. Male involvement and gender-based violence must also be more systematically addressed.

Other external assistance

25. UNFPA is the main source of external assistance to the Syrian Arab Republic in the area of population. The International Planned Parenthood Federation provides the Syrian Family Planning Association (SFPA) with a modest contribution annually. In support of reproductive health, the European Union contributed, through UNFPA, €1.5 million, of which 80 per cent has been disbursed, and the Arab Gulf Programme for the United Nations Development Organizations (AGFUND) contributed $80,000. WHO is concentrating its efforts on strengthening the primary health-care system. WHO is also the technical executing agency for UNFPA in the area of reproductive health. The European Union is currently negotiating support to the Ministry of Health within the framework of a sector-wide approach (SWAp).

26. UNFPA has been the main donor and government partner in the areas of population and reproductive health in the Syrian Arab Republic. Thus, the Fund has shared the credit in the progress made in reaching the ICPD goals and benefits from a high level of credibility. The Government, which is committed to the ICPD Programme of Action, is expected to raise its financial contribution to the programme in the form of cost-sharing.

Proposed programme

27. In line with the overall goal noted in paragraph 3, the proposed programme would give top priority to reproductive health and related advocacy, building on past achievements. Support to

population and development strategies would be limited to population policy-related activities, with selected support to the establishment of a reliable database for programme management and monitoring. The proposed programme would channel UNFPA assistance through three subprogrammes in the areas of reproductive health, population and development strategies, and advocacy. UNFPA would capitalize on the favourable climate for partnership created in the fifth country programme by strengthening the coordination mechanisms and interlinkages between and among the three subprogrammes.

28. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to increased utilization of high-quality reproductive health information, counselling and services among women, men, youth and adolescents, particularly in the target areas where the worst reproductive health and family planning conditions exist. Three outputs are anticipated, focusing on three levels: increased availability of reproductive health services in target areas; improved quality of care; and enhanced IEC on reproductive health issues.

29. The first output seeks to increase the availability of comprehensive reproductive health services for all couples and individuals in underserved areas. Building on past achievements, UNFPA will provide support to 25 of the country's 88 health districts, while 19 additional health districts will be supported if funds become available from multilateral and/or bilateral sources. This will be done through integrating quality services and information in 250 service delivery points (of which at least 125 would provide IUD insertion in addition to other commodities). Services will be expanded to include post-partum care, a safe motherhood package, family planning, screening and management of sexually transmitted infections (STIs), screening for breast and cervical cancer and gynaecological morbidity services. The emergency obstetrics care system will be strengthened by establishing 25 additional natural delivery centres in the selected districts and ensuring that a proper package of emergency obstetrics care is available including the establishment of an effective referral system, training of service providers, coordination of life support transportation and access to blood transfusion.

30. The second output is to improve the quality of care for reproductive health services in underserved areas through, inter alia: (a) producing reproductive health service protocols and guidelines in line with WHO norms; (b) strengthening counselling as a component of reproductive health services; (c) ensuring the provision of an adequate method mix through increased use of IUDs and prevention and management of STIs, including HIV/AIDS; (d) strengthening pre-service training for service providers; (e) strengthening in-service training in clinical skills, counselling and interpersonal communication, focusing on staff working in target areas; (f) improving the referral system by supporting 25 referral centres in selected areas; (g) upgrading clinical and managerial skills of staff, developing referral manuals and improving the records system; (h) strengthening the logistics system for sustainable reproductive health commodity security; and (i) enhancing the national monitoring system and using research as a basis for improving management.

31. The third output is to increase information on reproductive health concerns among women, men and youth. The key activities would be: (a) developing standards and protocols for IEC

activities focusing on the target groups; (b) producing and disseminating IEC materials conducive to attitudinal and behavioural change; (c) ensuring the availability of qualified IEC professionals; (d) instituting a peer education approach in addressing the needs of adolescents, in particular with reference to better knowledge of STIs and their prevention; (e) conducting IEC outreach activities to address male involvement; and (f) strengthening the incorporation of family life education and gender-sensitive curricula in school and literacy programmes.

32. In addition to support that the UNFPA-assisted programme will supply to the Ministry of Health, which will continue to implement clinical and counselling training activities, the Syrian Family Planning Association will be the UNFPA counterpart in activities related to male involvement, including an outreach programme aimed at men. In the area of reproductive health for youth, including in the prevention of HIV in line with the national AIDS programme, UNFPA will support the Revolutionary Youth Union in institutionalizing peer education. Support to the country's universities in conducting relevant operational research will be reinforced. The Fund will also strengthen the information base on reproductive health through seminars, conferences and work with the professional association of obstetricians and gynaecologists and the national association of midwives. The private sector will be encouraged to contribute to the elaboration, production, dissemination and utilization of reproductive health guidelines and protocols.

33. The IEC unit within the Ministry of Health will implement IEC activities in support of reproductive health, including the prevention of STIs and HIV/AIDS, in liaison with the National Committee on AIDS. The Ministry of Education and Ministry of Culture will continue to incorporate family life education into the school curricula and literacy programmes.

34. Reproductive health commodity security. The issue of reproductive health commodity security is one that the Ministry of Health needs to address as a high priority. The public sector currently depends exclusively on provision of contraceptives and other commodities by donors, mainly UNFPA and, more recently, the European Union. Given the scarcity of resources, UNFPA has expressed its intention to phase out its support gradually. The national regulatory framework needs to be reformed to eliminate legal barriers to procurement, prescription and use of contraceptives.

35. The Ministry of Health is exploring the possibility of adopting a strategy of self-reliance in contraceptives, including local production, given the existence of a national pharmaceutical industry. UNFPA will assist the Ministry to develop, no later than 2003, a national strategy for achieving security in reproductive health supplies in order to ensure that the proper supplies are provided where and when they are needed and at an affordable cost. UNFPA will fund limited procurement of commodities during the first two years of the proposed programme.

36. The amount of $7.8 million would be allocated to the reproductive health subprogramme, of which $6.5 million would be from regular resources and $1.3 million from co-financing modalities and /or other resources.

37. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the integration of reproductive health and gender-related issues in development plans at national, sectoral and local levels. Key challenges in the area of population and development strategies include, inter alia: (a) inadequate data and limited national capacity in data collection, analysis and utilization in the design, implementation and evaluation of population and reproductive health programmes; (b) insufficient attention given to the integration of population and reproductive health concerns in development policies, plans and programmes; and (c) lack of proper monitoring and evaluation systems.

38. The first output of the subprogramme would be improved capacity for integrating population, gender and reproductive health into ongoing national and sectoral policies, plans and programmes. This would be achieved through: (a) assisting in developing and implementing the national population policy through training in policy articulation and integration of population variables and gender issues in development plans; (b) training in methodologies of forecasting and costing; (c) enhancing skills in strategic planning and operations research; (d) promoting relevant policy studies; (e) strengthening the national capacity for monitoring and evaluating the national population policy programme of action; (f) strengthening coordination mechanisms among all national institutions involved in population-related issues; and (g) fostering an active partnership with relevant regional institutions.

39. The second output is to increase the availability of user-friendly reproductive health, sex-disaggregated and population-related data. This would be achieved through: (a) advocating the improvement of the country's information base by establishing a user friendly socio-demographic and reproductive health database; (b) providing advisory services and training programmes to bring methodologies used in line with international practices; and (c) providing adequate software and training to build capacity in design and analysis of censuses and surveys. UNFPA will continue to seek mobilization of resources to support the implementation of the national population policy, censuses and surveys.

40. The amount of $1,250,000 would be allocated to the population and development strategies subprogramme, of which $1,000,000 would be from regular resources and $250,000 from co-financing modalities and/or other resources.

41. Advocacy. The purpose of the advocacy subprogramme is to contribute to increasing and strengthening national commitment to the ICPD Programme of Action, ICPD+5 goals and other relevant global initiatives. Two outputs are anticipated. The first involves mobilization of active support from policy makers and opinion leaders for addressing population, reproductive health and gender issues and concerns. Relevant strategies include: (a) raising awareness among parliamentarians and political leaders to reform the existing legal framework covering reproductive health and women's issues; (b) sensitizing decision makers and opinion leaders on the nature, extent and acuteness of challenges in population, reproductive health and gender concerns; (c) fostering a national debate on population and reproductive health issues through identification and use of a

national network of experts and committed policy makers; and (d) integrating reproductive health, population and gender in the programmes of various media organizations.

42. The second output is to enhance the advocacy capacities of relevant institutions and organizations to promote population, gender and reproductive health issues and concerns through: (a) ensuring the availability of qualified advocacy professionals by providing training and exchange of experiences; (b) producing and disseminating advocacy materials, building on an impressive national expertise in production of soap operas and serials; (c) enhancing the development of research-based advocacy campaigns for an efficient advocacy strategy; and (d) strengthening coordination mechanisms.

43. The amount of $1,250,000 would be allocated to the advocacy subprogramme, of which $1,000,000 would be from regular resources and $250,000 would be sought from co-financing modalities and/or other resources.

44. Mainstreaming gender concerns. The integration of gender concerns into development programmes will be the responsibility of the Government, through its various institutions. To promote institutional commitment and to build capacity for incorporating gender into policies and programmes, and in order to support gender mainstreaming in economic and social planning, research and policies, UNFPA will fund training programmes for trainers, key government officials and other stakeholders so that methodologies, tools and objectives of the gender and development approach can be integrated and disseminated. In all these endeavours, UNFPA will promote partnership, collaboration and synergy within the Resident Coordinator system.

Programme implementation, coordination, monitoring and evaluation

45. Government counterparts, popular organizations and relevant United Nations and other organizations will implement the proposed programme and enhance national execution modalities. UNFPA will limit its role primarily to procuring equipment and advisory services (international consultants and CST advisers). The State Planning Commission will be responsible for overall programme coordination, and the Ministry of Health will be the Fund's major counterpart for implementing reproductive health activities. UNFPA will draw on local experts, and the CST will continue to play an important role in providing technical backstopping to the programme.

46. The programme requires close results-based monitoring and evaluation on the part of UNFPA. The logical framework approach provided the basis for programme design and will serve as a tool for monitoring programme implementation. The establishment of a reliable database will allow monitoring of progress. Field monitoring visits, annual programme reviews, a mid-term programme review and end-of-programme evaluation will be conducted. To the extent possible, joint evaluations and monitoring will be undertaken in the areas covered jointly by UNFPA, UNICEF, WHO and UNDP, within the framework of the UNDAF.

47. To fulfil mandatory monitoring and evaluation requirements, at the national level a steering committee chaired by the Minister of State for Planning Affairs will meet twice a year to follow up on policy and programme implementation and to ensure that needed financial and human resources are mobilized for effective programme delivery.

48. The UNFPA country office currently comprises a Representative, one national programme officer and support staff. The office staffing capacity would be strengthened by utilizing National Professional Project Personnel. Under the proposed programme, the amount of $500,000 from regular resources would be used for programme coordination and assistance.

Recommendation

49. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Syrian Arab Republic as presented above, in the amount of $10.8 million for the period 2002-2006, of which $9 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.8 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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